Department Name:	* Team Number:	
Location (Select one option): Lincoln Omaha	Other:	
Individual's Name Collecting Funds:	Phone:	*Date: / /
Special Event Summary	Total An	nount
Check(s): Cash: * Special Event Total:	\$ \$ \$	
Report is enclosed (Check One): ☐ Yes ☐ No NOTES:		
tate Charitable Giving Campaign - <u>Spe</u>	cial Event Form	20
Department Name:	* Team Number:	
State Charitable Giving Campaign - Spe Spe Spe Spe Spe Spe Spe Spe	* Team Number: Other:	
Department Name: Lincoln	* Team Number: Other: Phone: Total Am \$ \$ \$	*Date:// nount
Department Name: Location (Select one option): Lincoln Omaha Individual's Name Collecting Funds: Special Event Summary Check(s): Cash: * Special Event Total:	* Team Number: Other: Phone: Total Am \$ \$ \$ \$	*Date: / / nount